

PSJ2 Exh 59

**Medical Liaison / Nurse Liaison Monthly Report
July 2002**

I. Board(s) of Medicine

- A. Arizona Board of Medical Examiners
Dr. Alan Barreuther reports the Arizona BME has hired a new Executive Director, Barry A. Cassidy, Ph.D., PA-C to head the board. A name change to the Arizona Medical Board will take place August 23, 2002. The past Executive Director, Ms. Claudia Foutz, left to become the Executive Director of the California Psychology Association. During her tenure the AZ BME went from 38th regarding serious disciplinary actions against providers to Number 1 in the U.S.
- B. Connecticut Board of Medicine
Dr. CherylInn Griffin attended the Connecticut Medical Examining Board July 16, 2002 meeting. Pain management/OxyContin issues were not discussed during the public session of this Board meeting. CherylInn provided Dr. Dennis O'Neill, Chairman of the Board, with the APS guidelines and the opioid therapy documentation kit (with CD-ROM) in an attempt to improve his understanding of pain management issues.
- C. Federation of State Medical Boards
Dr. Kristi Dover and Dr. Harry Lazarus received the Federation's written proposal for a second collaboration with Purdue Pharma L.P. The proposal is in preliminary review by Purdue.
- D. Hawaii Board of Medical Examiners
Dr. Lisa Miller informs the Board will consider state guidelines for pain management only if these are developed by the Hawaii Medical Association or another board.
- E. Iowa Board of Medical Examiners
Dr. Shelley Raebel attended the Iowa Board of Medical Examiners meeting in Des Moines. No issues in regards to prescription opiates, pain management or controlled substances to report.
- F. Massachusetts Board of Registration in Medicine
On July 17, 2002, Dr. CherylInn Griffin attended the Massachusetts Board of Registration in Medicine meeting. In the future, the number of members on this Board may be expanded from seven to nine to include a pharmacist and a nurse. Senator Moore (from the Massachusetts Healthcare Committee) is attempting to "cross-pollinate" all healthcare boards in Massachusetts. However, this Board is resistant to the idea.

During a discussion about the "Drug Addiction Treatment Act of 2000," the following points were clarified for the Board members:

- Physicians may legally prescribe opioids for addicts in pain.
- Methadone may be prescribed to manage a patient's pain.
- Buprenorphine may be approved in the near future for the management of addiction.
- Buprenorphine has analgesic activity.

On July 22, 2002, CherylInn Griffin and Kathy Keough met with Nancy Achin Sullivan, Executive Director of the Massachusetts Board of Registration in Medicine.

- Ms. Keough provided Ms. Sullivan with an historical account of her attempt to encourage the Board to adopt the Federation of State Medical Boards "Model Guidelines for the Use of Controlled Substances for the Treatment of Pain"

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several years ago. Ms. Sullivan responded that she is willing to bring this issue before the Board, but it cannot be reviewed before November.

- Cherylnn invited Ms. Sullivan to participate in a future "Massachusetts Pain Coalition" meeting. As a cancer survivor, she is very interested in attending.
- G. Maryland Board of Physician Quality Assurance
Dr. Matthew Gainey attended the open sessions of the July meeting. No issues related to pain management were addressed.
- H. Minnesota Board of Medical Practice
Dr. Shelley Raebel reports no issues in regards to prescription opiates, pain management or controlled substances to report.
- I. Mississippi Board of Medicine
Dr. Greg Chudzik met with Mr. Charles Moses, Director of Investigations for the Board. Mr. Moses was surprised to here about some of the activities of one of his investigators in Southern Mississippi. Upon learning of the reports, Mr. Moses launched his own investigation. This resulted in apologies to the physicians involved by the investigator in question.

During his talk at the meeting of the Mississippi Pain Society, Mr. Moses clearly announced that the number one drug of diversion and abuse in the State of Mississippi is hydrocodone.

- J. New Jersey Board of Medical Examiners
Dr. Allen Gewitz reports there were no pain management issues or Purdue Pharma L.P. products mentioned at the July 10, Pennsylvania Osteopathic Medical Board Meeting.
The Federation of State Medical Boards has requested an appearance before the Board in order to provide an overview of Federation services, activities, current initiatives and open the dialogue of how the Federation could better serve the Board. This should occur in late summer.
- K. New Mexico Board of Medical Examiners
Dr. Alan Barreuther states the Pain Management Study (SM 22) New Mexico Health Policy Commission Task Force has issued its meeting minutes and a draft of the Final Task Force Recommendations. There still seems to be some disagreement and confusion amongst the members of a number of groups trying to cooperate on this document. The final presentation will be in October shortly before the first meeting of the New Mexico Pain Initiative two day meeting (October 14 & 15, 2002) State legislators will attend this meeting to discuss details and need for education for both healthcare professionals and the public.

Recent disciplinary action against a physician according to the report has had "chilling effect," on some practitioners intensifying their fears of regulatory action.

- L. North Carolina Board of Medicine
- Dr. Matthew Gainey, PharmD and Kevin Connell, AE were both present for meeting with Don Pittman, Supervisor of Field Investigations for the NC Medical Board:
 - Kevin asked Mr. Pittman about the 1/2-day symposia in Myrtle Beach, SC in which he presented on investigative issues related to medical boards.
 - Matthew and Kevin described Purdue's proposed Risk Management programs for North Carolina. Mr. Pittman expressed his interest, and he felt that the NC Medical Board would want to be aware of these programs and have a presence.
 - Discussed issues related to abuse and diversion of controlled substances in North Carolina.

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- M. North Dakota Medical Board
Dr. Shelley Raebel attended the Medical Board of North Dakota Board meeting in Bismarck. Dr. Raebel spoke with Ralph Sletten, Executive Secretary, about the impact the Chronic Pain Programs (sponsored by an educational grant from Purdue) have had. Mr. Sletten had not included a summary of the programs in his minutes, but will for the next Board meeting. Mr. Sletten had very positive comments and added the Pharmacy Board and Medical Board will be presenting a 3rd program on August 19th in Devils Lake, ND.
- N. Oklahoma State Board of Medical Licensure
Dr. Kristi Dover reports that on July 18th the Board held a routine business meeting. No relevant issues were discussed.
- O. Oregon Board of Medical Examiners
Dr. Lisa Miller informs the Board is reviewing pain management guidelines from other states for possible adaptation for Oregon.
- P. Pennsylvania Board of Medicine
Dr. Allen Geiwitz states there were no pain management issues or Purdue Pharma L.P. products mentioned at the July 23 meeting.
- Q. Pennsylvania Board of Osteopathic Medicine
Dr. Allen Geiwitz informs there were no pain management issues or Purdue Pharma L.P. products mentioned at the July 10 meeting.
- R. Rhode Island Board of Medical Licensure and Discipline
On July 10, 2002, Dr. Cherynn Griffin attended the Rhode Island Board of Medical Licensure and Discipline meeting. Pain management/OxyContin issues were not discussed during the public session of this Board meeting.
- After the public session, Cherynn had the opportunity to speak with Mr. Bruce McIntyre, legal counsel for the Board, about an issue raised by a PSD District Manager. Mo Mulcahy and his Rhode Island representatives are concerned that the Rhode Island Board of Medical Licensure and Discipline and the Rhode Island Board of Pharmacy are targeting physicians who prescribe and pharmacists who dispense high doses of OxyContin. The representatives have reported that certain physicians have been asked to surrender patient charts to the Board of Medicine.
 - Mr. McIntyre assured Cherynn that chart reviews on patients receiving opioid therapy are routine, and physicians who prescribe OxyContin are not specifically targeted. He also stated that the number of chart reviews performed each year has not changed.
- S. South Carolina Board of Medical Examiners
Dr. Maribeth Kowaski reports the following:
- Meeting agenda for July meeting reviewed; no mentions of pain management issues noted.
 - Per field report, SC Board of Medical Examiners has asked for Shashidhar Kori, MD (Duke University Medical Center) to assist with development of pain management guidelines. Matthew Gainey, ML for NC will follow-up with Dr. Kori to discuss in greater detail. (Meeting scheduled for September.)
- T. South Dakota Board of Medical & Osteopathic Examiners
Dr. Shelley Raebel met with L. Paul Jensen, Executive Secretary, in Sioux Falls to discuss pain management education. Mr. Jensen stated the state of South Dakota has adopted the FSMB Guidelines on the use of controlled substances.
- Dr. Raebel inquired if the Board would be in favor of sponsoring programming on the use of opioids in chronic pain along with the Pharmacy Board, the Medical

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Association and the Pharmacy Association. Mr. Jensen has agreed to pursue this type of educational programming with Purdue Pharma.

- Dr. Raebel may present this concept to the full Board in September of this year.

U. Texas Board of Medical Examiners

On July 24th - Dr. Kristi Dover met privately with Executive Director, Donald Patrick, MD, JD.

- The meeting resulted in Dr. Dover being invited to lecture before board investigators at their December meeting. He intends to direct the Board and board staff to begin focusing on "quality of care" investigations.
- A recent Dallas Morning News investigative report noted that such cases generate the highest number of complaints, with the lowest resolution rate. Dr. Patrick strongly agreed with Dr. Dover's criticisms regarding the vagueness of published disciplinary actions and the adverse impact on board perception.
- Relations between the Board and Texas Medical Association are strained as a result of the new initiatives.

V. Tennessee Board of Medicine

Dr. Greg Chudzik reports that the Tennessee Medical Board met July 23 and 24. No topics of interest to Purdue were discussed.

W. Washington D.C. Board of Medicine

Dr. Matthew Gainey discussed with DC Medical Board's Executive Director, James Granger, Jr., the various educational materials he had previously mailed. Mr. Granger felt that these Purdue materials might be beneficial to incorporate into the Board's next newsletter. He intends to show the materials to the Board for their review at the next meeting.

X. Wisconsin Board of Medicine

Dr. Shelley Raebel attended Medical Examining Board meeting in Madison, WI.

- Dr. June Dahl had written the Medical Board a letter thanking the Board for the opportunity to present and ask the Board again, to consider adopting the FSMB's Guidelines on the use of controlled substances.
- The Board was not sure why they should adopt these guidelines. It was decided to place a copy of the FSMB Guidelines on the use of controlled substances in a Board's newsletter.

II. Board(s) of Pharmacy

A. Alaska Board of Pharmacy

Dr. Lisa Miller informs they did not apply for prescription monitoring program grant as expected.

B. Kentucky Board of Pharmacy

Dr. Ruth Plant attended the Kentucky Pharmacy Board Meeting July 10th. No issues regarding pain management or OxyContin were discussed.

- Ruth will be attending the District NABP next month hosted by the Kentucky Board of Pharmacy in Louisville. Ruth followed the meeting by having lunch with Dana Droz from Drug Control.
- Dana Droz shared her concern for the calls from the GAO regarding marketing practices of Purdue: specifically she stated they concluded that our rapid growth curve was a direct result of inappropriate marketing. Dana dispelled the correlation by educating the GAO with regards to logarithmic growth of most new products brought to market that are found to provide effective treatment and a unique niche as with OxyContin.
- She did however also share somewhat in their concerns for reports of marketing to surgeons. Ruth reinforced that all representatives promote the medication exclusively for approved indications.

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C. Indiana Board of Pharmacy

Dr. William Wagley was asked by the Indiana Board of Pharmacy to present a update on OxyContin in regards to abuse and diversion. Dr. Wagley contacted Sean Sorrell, AE to co-present with him. The main interest to have this presentation was from Donna Wall, PharmD the Indiana Board of Pharmacy's Chair. Dr. Wall is also the President Elect of NABP at this time.

- Dr. Wagley presented the FDA approved indications of OxyContin and the boxed warning. Also the areas of pain where OxyContin has been studied in non-cancer states. Dr. Wagley heavily emphasized that OxyContin is a q12hr medication and that is how the medication should be dosed.
- Dr. Wall asked Dr. Wagley of current abuse of medications in the United States and how this is measured. Dr. Wagley spoke and highlighted on the IMS data of approximately 50% of all opiate prescriptions are written from hydrocodone (IMS data 2000). Also that the DAWN data from 1999 was approximately 5.5% for prescription opiates and in the year 2000 was 6.8% for prescription opiates. Dr. Wagley also mentioned that from the IMS 2000 data that approximately 1 out of 4 oxycodone prescription was for OxyContin.
- Dr. Wall commented on based upon this information, it seems that there is an OxyContin abuse problem but it is not as significant as the media has made it and that the opiate abuse problem is still highest with hydrocodone. Dr. Wall also made that comment on that if 50% of all opiate prescriptions are written for hydrocodone one can assume that 50% of the DAWN data is for hydrocodone and relatively a very small amount is for oxycodone products.
- Mr. Sorrell presented the 10-point plan to the Indiana Board of Pharmacy and commented on the educational efforts of Purdue Pharma, LP in the State of Indiana. Mr. Sorrell mentioned the recent Indiana State Medical Society Meeting with Dr. Jean Dunegan, MD, JD which talked about appropriate prescribing of opiates and documentation following the FSMB. Working also with the Indiana Pharmacists Association on pain management educational programs. Also working on health plans with mailings and the How to Protect Your Practice mailings to pharmacists and physicians.
- The Board was quite impressed with Purdue Pharma's stance and the efforts that were being taken for the abuse and diversion problem with OxyContin.
- One major question by the Indiana Board of Pharmacy was when the tamper-resistant formulation of OxyContin was going to be available. Dr. Wall commented that she had read that the opiate agonist/antagonist formulation containing nalaxone was being halted and that another formulation was being looked at. Dr. Wall also wanted to know about the pharmacological differences between nalaxone and naltraxone. Dr. Wagley commented on that with nalaxone is only active when routes of administration bypass the liver such as intravenous or intranasal. Orally nalaxone is inactive, but can be active if taken in very, very high amounts.
- Naltraxone is active orally as well as other routes that bypass the liver and is available in a product used to treat alcoholism.
- Dr. Wagley DID NOT COMMENT on future opiate agonist/antagonist formulations that are not FDA approved. Dr. Wagley did refer Dr. Wall to the Purdue Pharma website and to look under press releases for further information on developments in this area.
- One comment from a Board Member, Ms. Winnie Landis, PharmD, was with all the education that Purdue Pharma was providing to health care professionals and to the general public about abuse and diversion of prescription opiates how can one-measure results. Dr. Wagley and Mr. Sorrell addressed this question and replied that there was not a way that we were aware of to measure outcomes with education on perceptions of abuse and diversion at this current time.
- Dr. Wagley did refer the Board of Pharmacy to a recent publication "Controlled Substances and Pain Management: Changes in Knowledge and Attitudes of

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State Medical Regulators" Gilson AM, Joranson DE. J Pain Symptom Manage. 2001; 21:227-237.

- This study looked at the perception of the legality of opiate prescribing from 1991 to 1997. There was a workshop that members attended prior to the 1997 survey in which 1997 survey revealed "important, although not profound improvements in knowledge, attitudes, and beliefs since 1991.
 - More board members in 1997 viewed opioid prescribing to be lawful and medically acceptable:
 - For the treatment of chronic noncancer pain
 - For treating noncancer pain in patients with a history of opioid abuse
 - Data suggest a shift in understanding of what addiction is, and is not.
 - Dr. Landis did shift her thoughts that with education, impact can be made, but would like to see something more from Purdue.
 - One comment from another Board of Pharmacy Member that was asked to Dr. Wagley was to define the differences between abuse and addiction. Dr. Wagley quoted the approved definitions of abuse and addiction that are endorsed by the AAPM and APS.
 - In conclusion a 10 minute update of OxyContin with the Indiana Board of Pharmacy turned into 1 and 1/2 hours of education and discussion from Dr. Wagley and Mr. Sorrell on OxyContin and the initiatives that Purdue Pharma, LP was putting forth in help with this problem.
- D. Maryland Board of Pharmacy
Dr. Matthew Gainey attended open sessions of July Maryland Board of Pharmacy meeting.
- Maryland Board of Pharmacy newsletter was handed out to all attendees. In this newsletter under "Ineffective Laxatives," there was commentary about the FDA's final rule that stimulant laxative ingredients aloe and cascara sagrada (including casanthranol among others) in O-T-C products are generally not recognized as safe and effective or are misbranded.
 - This rule will take effect on November 5, 2002. Companies with these ingredients are considering reformulating their products to use senna or sodium carboxymethylcellulose. No issues related to pain or use of opioids were addressed at the meeting.
- E. Minnesota Board of Pharmacy
Dr. Shelley Raebel attended the Minnesota Board of Pharmacy meeting in Minneapolis. Board members discussed the pros and cons of a prescription-monitoring program for the state of Minnesota. It was decided that the Board would look into the issue further.
- F. National Association of Boards of Pharmacy (NABP) District III
Dr. Jacqueline LaPerriere informs she will be attending the annual meeting in Louisville, KY on August 4 - 6th
- G. New Mexico Board of Pharmacy
Dr. Alan Barreuther informs this board has applied for a grant for prescription drug monitoring from the Department of Public Safety.
- H. New Jersey State Board of Pharmacy
Dr. Allen Geiwitz states a review of the July 10, 2002 meeting minutes that there were **no** pain management issues or Purdue Pharma L.P. products mentioned.
- I. Oregon Board of Pharmacy
Dr. Lisa Miller reports the following:
The board strengthened language in a regulation to provide pharmaceutical care to Long Term Care facilities by adding Community Based Care facilities including adult

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foster homes, assisted living facilities, residential care facilities, group homes for the developmentally disabled and mentally retarded and inpatient hospice.

- J. Pennsylvania State Board of Pharmacy
Dr. Allen Geiwitz reports there were no pain management issues or Purdue Pharma L.P. products mentioned at the July 16, 2002 meeting.
- K. Rhode Island Board of Pharmacy
On July 17, 2002, Dr. Cherylnn Griffin attended the Rhode Island Board of Pharmacy meeting. Mr. Jeff Newell, Chairman of the Board, mentioned the NABP resolution that encourages the FDA to "fast-track" Purdue's "reformulation of OxyContin."
 - Dr. Cherylnn Griffin reports the Rhode Island Board of Pharmacy received correspondence from Walgreens that outlined this chain's plan to dispense OxyContin through a mail order process. The DEA has decided to allow Walgreens to mail OxyContin to a patient prior to receiving a hard copy of the prescription, provided specific requirements are met.
 - Mr. William Beaulieu, a Board member, expressed his concern regarding impaired patient access to OxyContin as a result of recent chain pharmacies' actions. He referred to a similar situation in the 1970s when dilaudid was a popular drug of abuse. He noted that, at that time, pharmacies continued to carry dilaudid despite the risk of robbery. Ms. Cathy Cordy, Inspector for the Board, stated that she has not been contacted about a pharmacy robbery in Rhode Island in several months. Mr. Charles Rossi, another Board member, stated that Walgreens' actions shift the risk of robbery to other stores.
- L. South Dakota Board of Pharmacy
Dr. Shelley Raebel met, with Dennis Jones, Executive Secretary, of the South Dakota Board of Pharmacy to discuss pain management education for pharmacists.
 - Dr. Raebel inquired if the Pharmacy Board would consider co-sponsoring a continuing education program focusing on the use of opioids in chronic pain. Mr. Jones stated the South Dakota Board of Pharmacy would consider being a sponsor of this type of educational programming.
- M. Vermont Board of Pharmacy
Dr. Cherylnn Griffin attended the July 24, 2002 Vermont Board of Pharmacy meeting. The Board reviewed the drafts of two new documents required by the Board.
 - The first document is entitled "Individual Responsible for Reporting Pharmaceutical Manufacturing Company Disclosure."
 - The second document is entitled "Pharmaceutical Manufacturing Company Disclosure of Gifts." Effective July 1, 2002, pharmaceutical manufacturers that conduct business in Vermont must disclose all gifts, fees, payments, subsidies, or other economic benefits of \$25.00 or more.
- N. Washington Board of Pharmacy
Dr. Lisa Miller met with Medicaid, the attorney general and law enforcement to discuss issues with abuse, diversion, and possible inappropriate prescribing of OxyContin.
- O. West Virginia Board of Pharmacy
Dr. Ruth Plant held discussion with Doug Douglas, Executive Director regarding the new rules for tamper resistant prescriptions and prescription monitoring program.
 - The Tamper Resistant Prescription program takes effect January 2003. A copy of the final rules to the home office to share with Standard Register to make certain that the prescriptions being distributed in WV will meet the new requirements.
 - The prescription monitoring program is expected to take effect by the end of August. The Board is still planning on only funding a part time position until need for a full time position is demonstrated.

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- The PMP and Tamper Rx policy apply to all controls and not simply C2s. Doug Douglas will be initiating a grant request from Purdue to support 4 evening CE programs to discuss the new rules with pharmacists throughout the state.
- P. Wisconsin Pharmacy Examining Board
Dr. Shelley Raebel reports no issues in regards to prescription opiates, pain management or controlled substances to report.

III. Nursing Boards

- A. South Carolina Board of Nursing
Dr. Maribeth Kowalski reports the following:
- Spoke with Bob Barnwell, Nurse Consultant for the SC Board of Nursing
 - Supplied additional information to be distributed to the members of the Advanced Practice Committee in early August; materials provided included the following pieces: Protecting your Practice; "Is it something other than pain?"; Dannenmiller BRC cards for pharmacology CE program; 8-steps to optimal pain management

IV. Medical Associations

- A. Arkansas Pharmacy Association
Dr. Greg Chudzik has agreed to present three programs for the District Meetings of the Arkansas Pharmacy Association. These programs are scheduled for September 10, 11, and 12, 2002.
- B. Connecticut Medical Society
On July 16, 2002, Dr. CherylInn Griffin introduced herself to Michele Norbeck, Director of the Connecticut State Medical Society's Physician Health Program. Both CherylInn and Ms. Norbeck were attending the Connecticut Medical Examining Board meeting.
- Presently, the Board does not require continuing medical education (CME) to maintain licensure. Ms. Norbeck stated that the Medical Society would not support mandated CME for physicians in future state legislation.
- C. Delaware Medical Society
Dr. Allen Geiwitz and Robert Vlk met with Coreen M. Haggerty from Medical Society of Delaware.
- Delaware has an active Medical Society with 80% of the state's physicians belonging as members.
 - The function of the Medical Society is CME and physician credentialing. Physicians are required to have 40 CME's by every odd year. Since there is no Medical School in Delaware the Society acts as a liaison.
 - The Society is moving towards multidisciplinary CE.
 - The coalition process was explained as well as results in NJ. The name of Dr. Frank Falco was given as a possible physician that may be interested in this process. Contact names for Delaware Academy of Medicine were also received.
- D. North Carolina Medical Society
- Meeting jointly attended by Kevin Connell, AE and Matthew Gainey, PharmD.
 - Kevin and Matthew explained the proposed Risk Management programs for North Carolina. Matthew discussed why there was a need to provide physicians practical advice on minimizing risks of abuse and diversion of controlled substances, without compromising appropriate management of chronic pain sufferers. Kevin showed Mr. Estes information on Purdue's initiatives. He also provided Mr. Estes with a copy of the recent Mecklenburg (NC) Medical Society's newsletter which published Purdue's initiatives on 2 pages in the issue.
 - Mr. Estes is in charge of various programs at the NC Medical Society. Among his responsibilities is protecting members' quality of life, retirement, investments and risk management. Since he is already charged with finding ways to minimize

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risk for physicians, he is very interested in Purdue's Risk Management programs in 3-5 locations throughout North Carolina. He agrees that there is a need for these educational programs, and he stated that there was a very good possibility that the NC Medical Society would sponsor these programs.

- E. Texas Osteopathic Medical Association (TOMA)
Dr. Kristi Dover was an invited speaker at the Annual Texas Osteopathic Medical Association June 15th Meeting. More than 80 physicians attended the lecture, "Legal and Regulatory Issues Concerning Chronic Pain Management". The lecture was very well received. An officer from the Texas Department of Public Safety, Official Prescription Program, attended the lecture and was very complementary of its content and presentation.
- Dr. Dover met on July 24 with Paula Yeamans, Associate Executive Director, regarding opportunities for a follow-up article on pain management in the TOMA journal. Mrs. Yeamans is very interested in having an article developed for a future edition. Fort Worth College of Osteopathic Medicine faculty usually develop articles and may be interested in a co-authorship with Dr. Dover.

V. Pharmacy Associations

- A. Connecticut Pharmacists Association
On July 30, 2002, Cherynn Griffin met with Margherita Giuliano, Executive Vice President of the Connecticut Pharmacists Association. The Association has decided to host a 5-hour continuing education program focusing on pain management issues in November. Ms. Giuliano invited Cherynn to participate in the planning meeting for this program.
- B. Connecticut Drug Control/Pharmacy Commission
On July 9, 2002, Cherynn Griffin attended the State of Connecticut Drug Control/Pharmacy Commission meeting. Pain management/OxyContin issues were not discussed during the public session of this Board meeting.
Iowa Pharmacy Association
- C. Florida Pharmacy Association (FPA)
Dr. Jacqueline LaPerriere reports she gave a lecture to Volusia Co. Chapter on July 31st
- Lecture entitled "Shall I Dispense This"
 - Approximately 100 pharmacists in attendance
 - Lecture also attended by 3 Medicaid pharmacists (the program manager and 2 field pharmacists)
- D. Georgia Society of Health System Pharmacists (GSHP) –
Dr. Jacqueline LaPerriere attended their annual meeting on July 12th and gave a lecture entitled "Lawful Prescribing" to the 160 members in attendance
- E. Kentucky Pharmacist Association
Dr. Ruth Plant presented to the Kentucky Pharmacist Association's Annual meeting. *Pain Management and Drug Diversion: Striking the Balance* was the topic. The program was well received by approximately 50 pharmacists and regulators.
- F. Iowa Pharmacy Association
Dr. Shelley Raebel spoke briefly with Jerry Karbling, Senior Vice President Public Affairs & Corporate Development from IPA about upcoming meetings and events. Mr. Karbling wants Purdue Pharma to reimburse money IPA lost administering the chronic pain programs. Dr. Raebel replied that IPA was given a grant for these programs and a second grant would more than likely not be issued to recoup IPA's losses.

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G. Louisiana Pharmacy Association

Dr. Kristi Dover presented, "Should I Dispense This" to 69 pharmacists at the July 19th annual meeting. Malcolm Broussard, RPh, Executive Director of the Louisiana Board of Pharmacy, Wayne Harris, PhD, Dean of Xavier College of Pharmacy and the current LPA president, Barbara Geiger, attended the lecture.

- During the lecture, Marty McKay, former LPA president and current Medicaid P&T Committee Member, challenged basic facts and definitions, despite attendance at previous lectures. Dr. Dover reiterated third-party references and read definitions directly from Louisiana State Board of Medical Licensure regulations to ensure the objectiveness of the lecture content.
- Dr. Dover will follow-up with Mr. McKay regarding his concerns and reservations. Mr. Broussard publicly endorsed Dr. Dover's comments and gave great praise to the lecture.
- LPA has requested that Dr. Dover return to provide additional lectures aboard a 4-day continuing education cruise departing from New Orleans port in January 2003.

During the Louisiana Pharmacy Association Annual July 19th Meeting, Dr. Kristi Dover met informally with Louis Lejarza, US DEA Diversion Investigator, New Orleans Office. Both Mr. Lejarza and Dr. Dover lectured during a New Orleans symposium, in 2001. Mr. Lejarza discussed several recent cases. One included arrests related to 13-forged OxyContin prescriptions. When asked, Mr. Lejarza stated that he supported Purdue Pharma's program offering tamper-resistant prescription pads to decrease opportunities for prescription forgery.

H. Massachusetts Society of Health-System Pharmacists

On July 29, 2002, Cherylnn Griffin met with Dr. Alana Arnold, President of the Massachusetts Society of Health-System Pharmacists. Dr. Arnold is very interested in having Cherylnn participate in a future continuing education program for Massachusetts pharmacists. She agreed that pain management is a timely topic in a state facing many challenges related to this issue (e.g., pharmacy robberies, changes in retail pharmacies' policies regarding stocking OxyContin, etc.).

I. Minnesota Pharmacists Association

Dr. Shelley Raebel met with Julie Johnson, Executive Vice President and Rita Tonkinson Vice President Communications to discuss writing two articles for MphA's journal. The journal articles would focus on issues surrounding appropriate prescribing of opiates.

J. Missouri Pharmacy Association

Dr. James Dube met with executive director to propose a 3-hour program for the 2003 annual meeting. Program would focus on pain management guidelines, the David Brushwood information and "Should I dispense this?" No reply from the Association as yet.

K. New Hampshire Pharmacists Association

On July 31, 2002, Dr. Cherylnn Griffin met with David Minnis, Executive Director of the New Hampshire Pharmacists Association. Mr. Minnis would like to include a pain management program (presented by Cherylnn) in an all-day symposium on Sunday, December 8, 2002.

Mr. Minnis hopes that Purdue and other pharmaceutical companies will testify in New Hampshire at the upcoming public hearing regarding prior authorization. Mr. Minnis believes that New Hampshire should pursue "education, not prohibition." He does not feel that prior authorization is the answer to the State's financial difficulties.

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- L. New Mexico Pharmacy Association
Dr. Alan Barreuther informs the publicity surrounding the disciplinary actions against a physician practicing pain control has made the community pharmacists more wary. By invitation, the presentation, "Should I Dispense This?" will be made on August 28, for the NM Pharmacy Association meeting.
- M. Ohio Society of Health System Pharmacists
Dr. Ruth Plant was asked to sit on the Professional Affairs Division this year following her efforts with the committee in developing their new position statement on pain management which was adopted January of this year.
- N. South Dakota Pharmacist Association
Dr. Shelley Raebel met with Tobi Lyon, interim Executive Director in Pierre, SD. Dr. Raebel was seeking the support of the South Dakota Pharmacist Association in sponsoring programming on the use of opioids in chronic pain. Ms Lyon has agreed to pursue this type of educational programming with Purdue Pharma.
- O. Texas Pharmacy Association
On July 23rd Dr. Kristi Dover met with Bob Hull, Pharmacist Recovery Network Director, regarding four hours of continuing education for program participants. Mr. Hull noted that there is very little abuse of Schedule II narcotics by impaired pharmacy staff.
- P. Virginia Society of Health-System Pharmacists
- Dr. Matthew Gainey presented a one hour Dannemiller program, "JCAHO: New Standards for the Assessment and Management of Pain" to regional chapter of VSHP.
 - Good turnout for summer CE program. Well received and appreciated according to evaluation forms and verbal feedback. Discussions with Deborah Mulhearn (President) for future presentation to statewide VSHP next spring.
- Q. Washington State Pharmacy Association
Dr. Lisa Miller shares the following:
The Association is tracking the Dept of Health and Services new reimbursements to pharmacists (effective August 1, 2002) and how pharmacies are responding. To date, WSPA reports that Walgreens, Bartells, and other retail pharmacies will refuse service to Medicaid recipients.
- Rates for generic have changed from AWP -
 - Coalition strategies, sample letters to patients, and commentary can be found on the WSPA website at www.wsparx.org
 - A sample of the 45 top medications included pricing for OxyContin 80 mg and 40 mg, 60 count and indicates that the pharmacy gross will go from 19.9% to 7.5% for 80 mg and 21.4% to 9.9% for 40 mg. This shows a profit of -69.9% and -63.7% respectively. OxyContin 80 mg is ranked 6th and 40 mg is ranked 23 of the top 45 medications in this report.
- R. Wisconsin Pharmacy Society
Dr. Shelley Raebel and Julia Radlund met with Susan Kleppin, Director of Educational Affairs, June Dahl, and Matt Bromley from AACPI to further discuss program development for the proposed statewide regulatory board programs. PSW has pledged its support for these programs even in the absence of Sue Kleppin. (Ms Kleppin has accepted a new position at the University of Wisconsin). Program details and assignments were finalized.

VI. Professional Associations/Organizations

- A. Abbott Northwestern
Lori Ladd, MSN, RN informs the following:

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- Met with key contacts and thought leaders regarding current pain management and palliative care activities: radiation oncology, palliative care, pain management.
 - Follow up meeting requested by customer with palliative care team for discussion of strategic planning.
 - Radiation Oncology: initial meeting positive. Received state and regional contacts. Will present pain assessment and management to staff as part of overall ANW plan.
- B. American Alliance for Cancer Pain Initiatives (Wisconsin)
Dr. Shelley Raebel and Julia Radlund met with June Dahl and Matt Bromley at Pharmacy Society of Wisconsin to discuss state-wide regulatory board programs. (see PSW note)
- C. Connecticut Cancer Pain Initiative
On July 9, 2002, Dr. CherylInn Griffin was invited to attend the Connecticut Cancer Pain Initiative (CCPI) meeting by Pat Trotta, a Pain Education Specialist for the American Cancer Society. The group discussed the following issues:
- Impaired access to OxyContin in some retail pharmacies
 - Prescription monitoring programs
 - The newly formed ASPMN Connecticut chapter
- CherylInn facilitated an active discussion focusing on the abuse and diversion of opioids in New England. The CCPI is interested in developing educational initiatives that will address opioid abuse and diversion as potential barriers to proper pain management.
- D. ELNEC (End of Life Nursing Education Consortium)
Lori Ladd, MSN, RN is invited to participate as faculty at final national training.
- E. Massachusetts Pain Coalition
On July 25, 2002, CherylInn Griffin, Doug Wheeler, Nick Primpas, and Greg Rothermich met to determine 1) which organization they will approach to organize a "Massachusetts Pain Coalition" meeting and 2) which organizations they will recommend to be part of the first "summit" meeting. This project mirrors the efforts of Ralph Lombardo, Craig Safran, and Allen Geiwitz in New Jersey. Due to the ongoing concerns surrounding OxyContin in Massachusetts, the group agreed that Purdue should not solely organize the coalition meeting. Instead, the group decided to approach the Hospice & Palliative Care Federation of Massachusetts to inquire about its level of interest.
- F. Michigan Partnership for the Advancement of End of Life Care, an RWJ funded project.
Lori Ladd, MSN, RN reports ongoing involvement, nothing new to report
- G. Missouri Alliance for Home Care
Lori Ladd, MSN, RN informs she has been requested to provide Spring teleconference for about 250 members at 20 sites.
- H. Minnesota
HealthPartners
Lori Ladd, MSN, RN reports a positive relationship building meeting with RWJ Palliative Care grant committee.
- Follow up meeting requested by customer.
 - Will present advanced level pain assessment & management training for staff.
- I. New York Pain Management Coalition

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The Coalition process was started in NY, Long Island Division. Dr. Allen Geiwitz visited with several prominent Pain Management physicians to obtain buy-in on the process. It was well received.

- Additional trips to Long Island are planned for the fall to target Family Practitioners.
- Dr. Geiwitz attended Grand Round at LI Jewish Hospital on July 12, 2002. It was well attended with approximately 100 physicians. Dr. Duarte, Neurologist, LIJ and Richard Young, Controlled Substances Bureau, State of NY presented a well-balanced program.

J. Ohio Pain Initiative

Dr. Ruth Plant met with Debra Heidrich regarding the Ohio Pain Initiative. This organization is going through growing pains and is planning a strategy meeting to determine future direction. Since they removed "Cancer" from their title, the state chapter of the ACS has not been enthusiastic about partnering toward common goals. The OPI has struggled with limited membership and has considered disbanding its annual meeting due to lack of participation. Ruth and Debra discussed several ways in which membership could be increased. They will meet again following OPI's strategy meeting to further discuss partnering opportunities. Ruth shared the 8 steps in optimal pain control to meet a need identified at an earlier meeting.

VII. Medicaid

A. Alaska

Dr. Lisa Miller accompanied Linda Barefoot, Purdue State Government Affairs to meet with Dave Campana, Medicaid Pharmacy Manager to discuss options other than the current Prior Authorization.

- Dave is to gather comments from the medical community until July 31 and report his findings to his administration.
- Dave feels like the PA is doing fine and in a review of 2 weeks of data he says it is saving money for the state.
- Dave indicated that he heard feedback in the beginning but it has become quiet as "physicians are getting used to it".

B. Florida Medicaid

Dr. Jacqueline LaPerriere met with Bruce McCall, Pharm.D., Pharmacy Program Manager on July 16th

- Attended meeting at the request of Jackie Tamulski (AE) and Gary Norbury
- Dr. McCall familiar with Dr. LaPerriere from reputation and past presentations
- Cordial first meeting to determine his role in this new department in Medicaid
- Will attempt to utilize this relationship to further the cause of pain management in Florida Medicaid patients (e.g. changes to prior authorization program, pharmacy lock-in, etc.)

C. Vermont DUR Board

On July 23, 2002, Cherylnn Griffin attended the Vermont DUR Board meeting. The Board reviewed the "Preferred Drug List with Clinical Criteria." The clinical criteria for "Analgesics: Narcotics" are as follows:

Length of authorization: 3 months

- Is there any reason the patient cannot be changed to a medication not requiring prior approval?

Acceptable reasons include:

- Allergy to at least two unrelated medications not requiring prior approval
- Contraindication to or drug to drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior approval

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Document clinically compelling information

- If patient is not experiencing pain control from at least a one week trial of at least two unrelated medications not requiring prior approval, then may approve the requested medication. Document details.

The DUR Board voted to change Duragesic's status from a "PA Required" drug to a "Preferred" drug. Dr. Tim Thompson, a DUR Board member, emphasized the need to provide an opioid option for patients unable to swallow. Duragesic will appear in the "Preferred" drug column with an educational note (yet to be determined).

D. Washington

Dr. Lisa Miller reports a new reimbursement structure for Medicaid prescriptions effective 8/1/02

- Brand AWP – 14%
- Generic AWP – 50 %

VIII. State Legislative Initiatives

A. Oregon

Dr. Lisa Miller informs other states pain management guidelines were submitted to the chair of the Pain Commission for review.

B. West Virginia

Dr. Ruth Plant reports the Rules on Tamper Resistant Rx's take effect January 1, 2003. Implementation of the PMP rules will take effect in August. Copy forwarded to the home office.

IX. Professional Boards/Other

A. "Hablemos de Salud" (Let's Talk About Health)

Dr. Allen Geiwitz met with Dr. Astrid Almodovar is the host of "Hablemos de Salud" (Let's Talk About Health) on UniVision. This is a 30-minute Hispanic television program designed to provide updated medical information to the U.S. Hispanic market.

- The Hispanic population has reached the 33 million mark in the year 2000 and has become the largest minority population in the country. According to U.S. Census bureau this population is expected to reach 133 million by 2050.
- "Hablemos de Salud" is broadcasted in the existing cable television systems of NY, NJ, CT, Western Massachusetts, and Boston. The program reaches 4 million households.
- "Hablemos de Salud" is an innovative program (weekly, 30 minutes) designed to provide updated medical information in a professional yet entertaining fashion using easy to understand terminology. The program includes a variety of segments like breaking medical news, questions and answers, common medical testing, interviews and more.
- Dr. Allen Geiwitz and Dr. Almodovar discussed the possibility of developing a program on pain management as well as using some of Purdue public service announcements in the commercial spots.

B. State of Indiana Pain Management Steering Committee

Dr. William Wagley has worked over the past year with Sean Sorrell, Account Executive and Linda Baxter, Indianapolis Professional Representative to develop a Pain Management Steering Committee. The meeting is scheduled for July 11th in Indianapolis with pain physicians from areas of Indiana. Dr. Wagley, Mr Sorrell, and Ms. Baxter has established and developed a local rheumatologist Dr. James Ehlich to head up the committee. Dr. Ehlich is to take the criteria to the Indiana Board of Medicine in August 2002. The main template being used is the Federation of State Medical Boards Guidelines for Use of Controlled Substances for Pain Management.

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Dinner meeting with Dr. Ehlich and other physicians to develop guidelines in Indiana for the use of controlled substances for pain management. These guidelines are to be used and taken to the Indiana Board of Medicine.

The Steering Committee is composed of
James Ehlich, MD Rheumatologist, Private Practice
Dale Theobald MD Pain Mgt/Addiction Med of Community Cancer Center
John Melendez MD Pain Management Clinic Indianapolis VA Hospital
Judith Dunnipace MD, Clinical Asst Professor of Anesthesia IU Medical Center
Lynette Green-Mack, MD Pain Management Specialist
Palmer Mackie, MD, Pain Management Clinic Wishard County Hospital UI Medical Center
Robert Silbert MD, PM&R physician private practice
Neil Irick, MD Pain Medicine Consultants, Private Practice
William Driehorst, MD St. Vincent Hospital Pain Management Clinic
Angela Smith-Jones Board Director of the Indiana Board of Medicine
Gretchen Yordy, Indiana State Police Drug Diversion Division
William Wagley, PharmD Medical Liaison Purdue
Sean Sorrell, AE Purdue

Dr. Ehlich coordinated the meeting with a goal of developing guidelines for the use of controlled substances in the management of pain. Dr. Ehlich asked everyone to participate in a round-table discussion including Mr. Sorrell and Dr. Wagley. Everyone that attended did read their state guidelines ahead of time and made comments.

One of the highlights of the meeting was that the purpose of these guidelines were to have physicians NOT FEAR the appropriate use of opiates used in pain management. That it was the Indiana Medical Board that would review the use of controlled substances and not the Indiana State Police. Peer to Peer not Police to Physician.

There was a final draft consensus that was made based upon a combination of the guidelines that Dr. Ehlich believes he will be able to take to the Indiana Board of Medicine in August 2002.

After the dinner meeting, Dr. Ehlich met with Dr. Wagley and Mr. Sorrell and once again thanked us for our contributions to make this possible. Dr. Ehlich commented on Dr. Wagley's knowledge of the FSMB and state guidelines used for controlled substances used for pain and state electronic prescription monitoring systems. He also commented on Mr. Sorrell's knowledge of the FSMB and state initiatives in pain management in regards to health plans and professional organizations, plus relationships with physicians and the Indiana State Police so that he, Dr. Ehlich, could contact them to have a representative at this meeting. Linda Baxter, PSD rep was also acknowledged by Dr. Ehlich on helping to organize this Indiana Pain Management Steering Committee and providing names of pain management physicians that could participate in this group.

In conclusion, Dr. Ehlich may have one more steering committee meeting in early August 2002. He seems quite confident that the State of Indiana will have adopted by this fall Guidelines for the Use of Controlled Substances for Pain.

- C. Massachusetts Division of Medical Assistance Drug Utilization Review Board
On July 15, 2002, Dr. Cherynn Griffin participated in her monthly observership at Brigham and Women's Hospital. Her preceptor, Dr. Ed Michna, is a member of the Massachusetts Division of Medical Assistance Drug Utilization Review Board. Dr. Michna stated that prior authorization requirements for OxyContin would be discussed at the next DUR Board meeting on September 11, 2002. He has been asked to provide the Board with a recommendation for a total daily dose of oxycodone (OxyContin + immediate-release oxycodone) above which prior authorization will be required. Dr. Michna has received Purdue's Medicaid platform

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from Dr. Monica Kwarcinski, and Cherylann subsequently urged him to consider recommending prior approval for doses greater than 320 mg per day.

D. Michigan Controlled Substance Advisory Board/Michigan Department of Health and Consumer & Industry Services

Dr. William Wagley attended the Michigan Controlled Substances Advisory Board Meeting with Mr. Robert Bigham AE and Ms. Julia Radlund, Central Area Manager of Managed Care RE Tamper Resistant Prescription Pads

- Discussion surrounded the minutes of the last Michigan CSAC Meeting in which a new prescription monitoring program is to be implemented to electronically monitor schedule 2, 3, and 4 controlled prescription medications. And that there was to be a
- study on tamper resistant prescription paper to see if there was a direct need for tamper resistant prescription paper in
- Michigan. An outside consultant group was hired to survey and members of health professional boards and associations in
- Michigan. A subcommittee on Security Paper was developed with CSAC Committee members, DEA, Michigan Pharmacists
- Association, Michigan Retailers Association, Michigan State Medical Society, and Michigan Osteopathic Association.

At the CSAC meeting the highlight of the meeting was the issue of requiring all practitioners to use tamper resistant prescription paper in the state of Michigan. Based upon the Forgery-Resistant Prescription Paper Study. In the findings and recommendations among the members of the boards of Medicine, Pharmacy, and Osteopathic Medicine and Surgery there is considerable support to require the need for forgery-resistant paper for controlled substances.

- Final recommendation from the Forgery-Resistant Prescription Paper was to recommend that Michigan begin a rule making process to require that all prescriptions for controlled substances be written on a forgery-resistant paper, subject to the following conditions:
 - That the same form would be useable for all controlled substances, or indeed all prescriptions.
 - That the forgery-resistant paper in this instance would include a "void" pantograph protection used on the safety paper as opposed to more technically demanding features.

Based upon these findings the Michigan Controlled Substances Advisory Committee was to approve the requirement that all controlled substances in Michigan be written on tamper-resistant prescription paper.

Purdue had many advocates at this meeting to discuss the issue in regards to this issue to give a balanced approach.

One of the lead advocates was Dr. Jeanne Lewandowski, MD representing the Michigan End of Life Commission, the Michigan State Medical Society, Michigan Cancer Pain Initiative, and the Michigan Partnership of End of Life Care.

- Some of the highlights that Dr. Lewandowski reviewed as flaws in the Forgery-Resistant Prescription Paper Study.
- A key question is whether forgery-resistant prescription paper burdens physicians and patients and results in ineffective Pain management. Also the issue of cost of the tamper-resistant paper being shifted to the prescriber.
- Among other advocates that attended the meeting to discuss that the requirement of tamper resistant prescription paper would be a barrier to ineffective pain management.
- Juliet Santos, MSN, NP of the State of Michigan Nurse Practitioners Association.
- David Fox, of the Michigan State Medical Society
- Karen Ogle, MD of the Michigan Cancer Pain Initiative.

During the public comment section a member of the Michigan Controlled Substances Advisory Board, Mr. Steven Durst Chair of the Michigan Board of Pharmacy asked

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Dr. Wagley of Purdue Pharma, LP to speak on other states electronic monitoring systems and their requirement for forgery-resistant prescription paper for controlled substances.

- Dr. Wagley spoke of the state of Illinois experience and Mr. Randy Malan, RPH that runs the electronic prescription monitoring program in which Mr. Malan states that with electronic monitoring there is no need to require tamper-resistant paper in Illinois.
- The State of Illinois endorses the use of tamper resistant paper if a physician wishes to use them, because it is due to the prescribers own cost. Dr. Wagley comment on that also in Kentucky with the KASPER system according to Dana Droz, that coordinates the KASPER system that they endorse the use of tamper-resistant prescription paper but do not require it.

Dr. Wagley suggested that the Michigan Controlled Substances Advisory Board contact other states prescription monitoring systems to check on if they require tamper resistant paper with electronic monitoring. Dr. Wagley noted that a majority to states DO NOT

require the need of tamper-resistant prescription paper with electronic monitoring. Upon further request of information on this subject Dr. Wagley referred the Committee members to the National Association of Controlled Substance Authorities website which is a alliance of prescription drug monitoring programs in the states. (www.nascsa.org)

- At the conclusion of the meeting ,despite all the endorsement of the need for tamper-resistant prescription paper, The Committee decided to investigate other states that do not require the need to adopt tamper-resistant prescription paper for all controlled substances. After this investigation the results are to be discussed at the next Michigan Controlled Substances Advisory Board Meeting.
- It should be noted that if there were not for established Purdue relationships with Jeanne Lewandowski, MD, Michigan State Medical Society, Michigan Nurse Practitioners Association, Board of Pharmacy Members, Pharmacy Investigators from The Consumer and Industry Services, Michigan Cancer Pain Initiatives, and other patient advocacy groups this issue would not have re-evaluated.

E. Michigan State University

Lori Ladd, MSN, RN informs:

- Progression of implementation of pain management curriculum including but not limited to use of ANW CD ROM in undergraduate and graduate level training of nurses
- Referral made by contact to University of Michigan counterpart.

F. Missouri Bureau of Narcotics and Dangerous drugs

Dr. James Dube had lunch (Dutch treat) with the newly appointed Administrator for the Missouri Bureau of Narcotics and Dangerous drugs. This individual was formerly the Missouri Medicaid Pharmacy Director and had been favorably disposed to appropriate pain management. No discussion of drug therapy or drug diversion. All discussion was about change, the new job and other personal issues.

G. NJ Academy of Medicine-7/15/02

This was the second meeting attended by Craig Safran and Dr. Allen Geiwitz from Purdue Pharma LP. Kim Davis and Dr. Greenfield were also in attendance.

Meeting Objectives:

- To further develop/enhance the NJ Pain Management Coalition as an arm of the NJ Academy of Medicine (recommendation by Dr. Peter Blumenthal.)
- To develop a relationship with the Academy and discuss avenues for Purdue 's involvement in Pain Management education for NJ Physicians, especially at the local medical society level.
- Dr. Greenfield shared his publications on Chronic Pain Syndromes and Chronic Benign Pain.

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- Dr. Geiwitz and Crag Safran presented the Academy with an updated list of Coalition Members.
 - The Academy recently developed a Pain Management Corner to its Website, in part due to Purdue influence.
 - Discussion of CME for NJ Physicians, as required by the BME was discussed. It appears that a portion of that CME will either be preferred or mandatory in pain management.
 - The Academy will endorse our "pamphlets"-How To Stop Diversion & Protect Your Pharmacy and Your Practice" as part of its proposal
- H. Sisters Saint Mary's Health System – DePaul
Lori Ladd, MSN, RN the Strategic planning continues for pain month/ongoing initiative.
- I. University of Michigan School of Nursing
Lori Ladd, MSN, RN reports initial contact and discussion of Nurse Liaison assistance in developing curriculum with inclusion of ANW CD ROM
- J. University of Texas College of Pharmacy
Dr. Kristi Dover met with Drs. Duvauchelle and Wilson on July 23rd regarding pain management curriculum at the University of Texas College of Pharmacy. The two are very interested in utilizing the Abbott Northwestern CD Rom to supplement an already exceptional pain curriculum. A formal request for its use is being submitted to the incoming Curriculum Committee Chair, Dr. Karboski.
- K. Statewide Pain Management Education in Vermont
On July 24, 2002, Dr. CherylInn Griffin met with Dr. Tim Thompson to discuss statewide pain management education in Vermont. He plans to discuss an unrestricted educational grant proposal for palliative care education, including pain management, with Paul Harrington, Executive Director of the Vermont Medical Society. Dr. Thompson believes that statewide education of healthcare professionals in Vermont is an attainable goal, as there are only 15 hospitals in the state. Dr. Thompson envisions a collaborative outreach to other healthcare facilities (e.g., long-term care facilities, hospices, etc.). However, he needs to gain the support of EXCEL (Excellent Care at the End-of-Life) Committee members for this project. He hopes they will agree to participate.
- L. Wilkes College of Pharmacy- 7/29/02
Dr. Allen Geiwitz met with Dean Bernard W. Graham, Ph.D. and presented the Abbott Northwestern Pain Management CD. It was well received. A copy of the program was left to be reviewed by Dr. Mary Campomizzi.
- The primary mission of the Wilkes University School of Pharmacy is to provide a dynamic, challenging and comprehensive curriculum, focused on the future, which will serve as a foundation for life long learning and practice.
 - Wilkes is a new pharmacy school, now with classes for each professional year. However, classes are small with an entering class limited to 65 students.
 - Dr Graham discussed Dr. Geiwitz's participation in clinical rotations in 1999.
- M. Wisconsin Controlled Substance Boards
Dr. Shelley Raebel met with Cindy Benning in Milwaukee to update her on the progress with the proposed statewide pain programs for the state of Wisconsin. Ms Benning is interested in participating in the programs, but would like to see the inclusion of prescription drug monitoring on the agenda.

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